

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OM	B AP	PROV	/AL	

OMB Number: 3235-0076

Expires: December 31, 1996 Estimated average burden hours per response. . . . 16.00

SEC LISE ONLY



Name of Offering (C) check if t	this is an amendment and name has changed, and inc	dicate change.)	00040031
	50 L 505 FI Pulo 506	☐ Section 4(6)	□ ULOE
Filing Under (Check box(es) that a	apply): 🛭 Rule 504 🗆 Rule 505 🗀 Rule 506		a oror
Type of Filing: AxNew Filing	☐ Amendment		<u> </u>
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested	dabout the issuer		
Name of Issuer (check if this	s is an amendment and name has changed, and indica	ate change.)	•
Republic Properties, LLC	7: 0:40	Talanhana Number	(Including Area Code)
Address of Executive Offices	(Number and Street, City, State, Zip Code)	419–841–483	(Including Area Code)
3150 Republic Blvd., N.,	#3, Toledo, OH 43615		
Address of Principal Business Ope	erations (Number and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
(if different from Executive Office	es)		
Brief Description of Business			PROCESSE
To own real estate proper	ties for investment and development purpose	s.	OCT 1 0 2006
			THOMSON
Type of Business Organization Corporation	☐ limited partnership, already formed	×∞other (please spe	thomson Financial
Type of Business Organization corporation business trust		X⊠Xother (please spe diana Limited Lia	ecify): FINANCIAL

GENERAL INS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or X Executive Officer ☐ Director Ex Beneficial Owner Check Box(es) that Apply: X Promoter Managing Partner Full Name (Last name first, if individual) Arnos, Richard L. (Number and Street, City, State, Zip Code) Business or Residence Address 3150 Republic Blvd., N,. #3, Toledo, OH 43615 ☐ General and/or □ Director XX Executive Officer x⊠ Beneficial Owner Check Box(es) that Apply: 🔊 Promoter Managing Partner Full Name (Last name first, if individual) Möon, Lawrence M. (Number and Street, City, State, Zip Code) Business or Residence Address 3150 Republic Blvd., N., #3, Toledo, OH 43615 ☐ General and/or □ Director □ Executive Officer □ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or □ Director ☐ Beneficial Owner ☐ Executive Officer Theck Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Codé) Business or Residence Address ☐ General and/or ☐ Executive Officer ☐ Director ☐ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or □ Director ☐ Executive Officer ☐ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or ☐ Executive Officer Director ☐ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

			Q2.5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. IN	FORMAT	ION ABO	UT OFFE	RING	. 5				
<u> </u>	- 10000- 00	ld or doe					ited investo		offering?.			Yes xo⊠	No
1. Has th	ie issuer so	ia, or acc	Ansı	ver also in	Appendix	. Column	2, if filing	under UI	.OE.				
- ***		mum inve	stment the	at will be a	occepted fr	om any in	idividual? .					s_10	00.00
												Yes xxx	No []
3. Does t	the offering	g permit j	oint owner	rship of a	single unit	······ ?:				incaely ans		XX.	
sion of to be	r similar rei listed is an	muneratio associated	n for solici l person of	tation of p agent of a If more t	a broker o han five (r dealer re 5) persons	be paid or on with sal gistered wi to be listed aler only	th the SEC l are assoc	and/or w	ith a state	or states,		
Full Name					•								
Business or	Residence	Address	(Number a	and Street,	City, Sta	te, Zip Co	de)						
`													
Name of A	ssociated	Broker or	Dealer						٠				
			-										
States in V	Vhich Perso	on Nisted	Has Solici	ted or Inte	ends to So	licit Purch	asers						
(Check '	'All States	" or chec	k individu	al States) .								-	States
[AL]	[AK-]	[AZ]	(AR)	[CA]	-{ CO }	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] [MS]	DI] M)	
[IL]	[NI]	[IA] .	[KS]	[KY]	[LA]	[ME]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	(MS)	[PA	•
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[RI]	[SC]												
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Provinces of	or Residenc	e Address	(Number	and Street	City, Sta	ate, Zip C	ode)						
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N	Associated	Broker or	Dealer		$\overline{}$								
Name of	Associated	Dioke. o.	<i>D</i> 4 2 3 3 3 3 3 3 3 3 3 3										
	Which Pers	on Listed	Has Solic	ited or Int	ends to Se	olicit Pucc	hasers						
States in	"All State	c'' or che	k individu	ial States)									ll States
(Check	[AK]	(AZ]	[AR]	[CA]	[CO]	[CI]	JØE I	[DC]	[FL]	[GA]	[HI]	-	D] 10]
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Name of	Associated	Broker o	r Dealer		•		•						
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States in	Which Per	son Lister	1 Has Soli	cited of in	iterias to s	Junear Lar							All State
	''All Stat	es'' or che [AZ]	ck individ: [AR]	ual States; [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[]41]	_	ID]
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[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[TV]	[VA]	[W /\]	[** *]	()		<u> </u>	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Sold Offering Price Type of Security 0 Debt Equity...... \$_ □ Common □ Preferred 0 Partnership Interests \$____ 0 0 Other (Specify ___ 1,000.00 \$ 1,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their Aggregate purchases on the total lines. Enter "0" if answer is "none" or "zero." Dollar Amount Number of Purchases Investors 0 Accredited Investors 1,000.00 3 Non-accredited Investors..... 1,000.00 3 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of offering 0 N/A Regulation A N/A 0 N/A N/A Total.... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees 0 Printing and Engraving Costs Legal Fees Accounting Fees 0____ 0_ Engineering Fees Sales Commissions (specify finders' fees separately)..... 0

Total.....

Other Expenses (identify) ___

0

0

C. OFFERING PRICE, N	umber of investors, expenses a	ND USE.	OF PROCEEDS	5
b. Enter the difference between the aggregation 1 and total expenses furnished in responsable distance of the issuer."	onse to Part C - Question 4.a. This differe	nce is the		\$1,000.00
 Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of the the adjusted gross proceeds to the issuer se 	e amount for any purpose is not known, is estimate. The total of the payments listed n	urnish an nust equal		
the adjusted gross proceeds to the issuer so	total in response to a series		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		🗆 s		□ s
	tion of machinery and equipment			
	ngs and facilities			
Acquisition of other businesses (includi	ing the value of securities involved in this			
offering that may be used in exchange issuer pursuant to a merger)	for the assets or securities of another			
Repayment of indebtedness		🗆 🤋	·	O \$
Working capital		🗆 🕏	1,000.00	□ \$
Other (specify):		🗆 \$	S	□ S
			S	□ S
Column Totals		🗆 🤋	S	
	added)			1,000.00
	D. FEDERAL SIGNATURE	<u></u>		
The issuer has duly caused this notice to be sig following signature constitutes an undertaking quest of its staff, the information furnished b	gned by the undersigned duly authorized p			
Issuer (Print or Type)	Signature	\cap	Date	
Republic Properties, LIC	1 / hul	Un	<u></u>	, 8/25/06
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Richard L. Arnos	President			·
			•	
				·

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E STATE SIGNATURE	Market Carlot Activities and the Carlot Acti
1. Is any party described in 17 CFR 23	30.252(c), (d), (e) or (f) presently subject to any	y of the disqualification provisions Yes No
of such rule?		
	See Appendix, Column 5, for state respon-	
Form D (17 CFR \$39.500) at such 1	imes as required by state ian.	any state in which this notice is filed, a notice on
issuer to offerees.		oon written request, information furnished by the
limited Offering Exemption (UNCE	f establishing that these conditions have been s	at must be satisfied to be entitled to the Uniform inderstands that the issuer claiming the availability satisfied.
The issuer has read this notification and undersigned duly authorized person.	knows the contents to be true and has duly ca	used this notice to be signed on its behalf by the
Turn	Signature	Date
lssuer (Print or Type)		
	Title (Print or Type)	
Name (Print or Type)	1112 (1 1111 51 1)	
		\ .
	•	
•		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1)	3			4		5	
1	Type of security		,				Disqualit under Stat (if yes,	e ULOE	
	Intend to non-a		and aggregate offering price	Type of investor and			explanation of		
	investors	in State	offered in state		amount purchased in State			waiver granted) (Part E-Item1)	
	(Part B-	Item 1)	(Part C-Item1)	Number of	(Part	C-Item 2) Number of		(Part E-	item1)
		\		Accredited		Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ									
AR		·							
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-			Type of security			<u>.</u>		Disqual under Sta	ification ate ULOE
		l to sell	and aggregate offering price		Tuna of	investor and		(if yes,	attach
		ccredited s in State	offered in state		Type of investor and amount purchased in State			explanation of waiver granted)	
		-Item 1)	(Part C-Item1)			C-Item 2)	·		-Item1)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
МТ									
NE									
NV				,					
NH									
ИЛ					· · · · · · · · · · · · · · · · · · ·				
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